

# **EXHIBIT R**

# Estate of Robert Gless

# VCF Documentation



September 11th  
Victim Compensation Fund

February 1, 2019

MARTHA GLESS

[REDACTED]

Dear MARTHA GLESS:

The September 11th Victim Compensation Fund ("VCF") has reviewed your Eligibility Form. You submitted an Eligibility Form on behalf of ROBERT GLESS. Your claim number is VCF0105836. Your Eligibility Form was determined to be substantially complete on January 31, 2019. As stated in the Regulations and on the claim form, by filing a substantially complete Eligibility Form, you have waived your right to file or be a party to a September 11th-related lawsuit on behalf of the decedent and his or her survivors.

#### **The Decision on your Claim**

The VCF has determined that the decedent has met the eligibility criteria established in the statute and regulations. Based on the information you submitted and information the VCF has received from the World Trade Center ("WTC") Health Program, the decedent has been found eligible for the following injuries:

- ESOPHAGEAL REFLUX
- MYELODYSPLASTIC SYNDROME UNSPECIFIED

Please note that there are several reasons why an injury that you think should be eligible is not listed above. For non-traumatic injuries, the name of the injury is based on the information provided by the WTC Health Program and there may be different names for the same injury. Additionally, your injury may not be listed if it was only recently certified for treatment by the WTC Health Program.

If in the future the WTC Health Program should notify you that a condition previously found eligible is no longer certified, you must inform the VCF as this may affect your eligibility status and/or the amount of your award.

#### **What Happens Next**

**If the decedent was certified for treatment by the WTC Health Program for a condition not listed above**, you should amend your claim. Please see the VCF website for details on how to amend your claim. The VCF will review the new information and determine if it provides the basis for a revised decision.

**If you believe the decedent had eligible injuries not treated by the WTC Health Program** and you would like the VCF to consider those injuries before calculating the amount of any compensation, you should amend your claim. If you choose to amend your claim, you will need to use the VCF Private Physician process. The Private Physician process is a way for the VCF



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to gather the required information about the decedent's treatment in order to process your claim. All forms are available on the VCF website under "Forms and Resources." The website also includes detailed information and instructions on the Private Physician process.

**If the decedent did not have injuries other than those listed above,** you should submit your Compensation Form and required supporting materials. If you have already submitted your Compensation Form, you do not need to take any action at this time unless you receive a request from the VCF for missing information. The VCF will calculate the amount of any compensation based on the conditions listed above after all compensation-related documents are submitted.

If you have questions about the information in this letter or the claims process in general, please call our toll-free Helpline at 1-855-885-1555. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100.

Sincerely,

Rupa Bhattacharyya  
Special Master  
September 11th Victim Compensation Fund

cc: WENDELL TONG



September 11th  
Victim Compensation Fund

August 28, 2019

MARTHA GLESS

[REDACTED]  
[REDACTED]

Dear MARTHA GLESS:

The September 11th Victim Compensation Fund ("VCF") sent you a letter on April 17, 2019 notifying you of the amount of your award. Your claim number is VCF0105836. As explained in that letter, your award was reduced as a result of the Special Master's determination in February 2019 that the VCF's funding was insufficient to compensate all pending and projected claims.

On July 29, 2019, the President signed into law the Never Forget the Heroes: James Zadroga, Ray Pfeifer, and Luis Alvarez Permanent Authorization of the September 11th Victim Compensation Fund Act ("VCF Permanent Authorization Act"). The VCF Permanent Authorization Act extends the VCF's claim filing deadline until October 1, 2090, and provides such funds as may be necessary to compensate all approved claims. The Act also requires the Special Master to issue payments to any claimants who were impacted by the reductions in order to make up the difference between the reduced award and the unreduced value that would have been awarded had the reductions not been applied. Additional information about the VCF's Permanent Authorization Act can be found on the [www.vcf.gov](http://www.vcf.gov) website. This letter sets forth the full amount of your unreduced award, and supersedes and replaces all previous award letters.

The VCF has calculated the amount of your unreduced award as [REDACTED]. This determination is in accordance with the requirements of the VCF Permanent Authorization Act. The enclosed "Award Detail" includes a detailed explanation of the calculation and a list of the eligible conditions included in this determination.

The compensation amendments that you submitted on April 8, 2019 and June 21, 2019 have not been reviewed, as they were submitted after the VCF had finalized the substantive review of your claim. Your amendments will be reviewed in priority order based on the date of submission of the amendments. Once we begin review of your amendments, we will contact you to request any missing information and will notify you in writing of the decision on your amendments.

No non-routine legal service expenses are approved for reimbursement for this claim.

As the Personal Representative, you are required to distribute any payment received from the VCF on behalf of the victim to the eligible survivors or other recipients in accordance with the applicable state law or any applicable ruling made by a court of competent jurisdiction or as provided by the Special Master.

#### **What Happens Next**

You have already received a payment of [REDACTED] You are now entitled to an additional [REDACTED]  
P.O. Box 34500, Washington, D.C. 20043  
VCF0105836AL0828191B



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payment of [REDACTED]. This amount is equal to the difference between your unreduced award and the amount that has already been paid on your claim.

The VCF will begin processing the payment on your claim and the Special Master will authorize the payment within 20 days of the date of this letter. Once the Special Master has authorize the payment, it may take up to three weeks for the United States Treasury to disburse the money into the bank account designated on the VCF ACH Payment Information Form or other payment authorization document you submitted to the VCF. **If your payment information has changed, you must call the VCF Helpline immediately at the number below.**

This award may not be appealed. There is no basis for an appeal as you did not appeal the previously-reduced award.

- **Amending your Claim:** You may amend your claim in the future if your circumstances change and you have new information to provide to the VCF that you believe warrants additional compensation. The VCF website has important information about the specific circumstances when it is appropriate to request an amendment. For more information and examples of such situations, please refer to “Section 5 – Amendments” in the VCF Policies and Procedures document available under “Forms and Resources” on the VCF website. Please review the information carefully when deciding whether to amend your claim. If you submit an amendment, the VCF will review the new information and determine if it provides the basis for a revised decision.
- **Notifying the VCF of new Collateral Source Payments:** You must inform the VCF of any new collateral source payments you receive, or become entitled to receive, such as a change to your disability or survivor benefits, as this may change the amount of your award. If you notify the VCF within 90 days of learning of the new collateral source payment, your award will not be adjusted to reflect the new entitlement or payment. If you notify the VCF more than 90 days after learning of the new or revised entitlement or payment, the VCF may adjust your award to reflect the new payment as an offset, which may result in a lower award. If you need to notify the VCF of a new collateral source payment, please complete the “Collateral Offset Update Form” found under “Forms and Resources” on the [www.vcf.gov](http://www.vcf.gov) website.

Your award was calculated using our published regulations, and I believe it is fair and reasonable under the requirements of the VCF Permanent Authorization Act. As always, I emphasize that no amount of money can alleviate the losses suffered on September 11, 2001.

If you have any questions, please call our toll-free Helpline at 1-855-885-1555. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100.

Sincerely,

Rupa Bhattacharyya  
Special Master  
September 11th Victim Compensation Fund

cc: WENDELL TONG



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## Award Detail

Claim Number: VCF0105836  
Decedent Name: ROBERT GLESS

<b>PERSONAL INJURY CLAIM (Losses up to Date of Death)</b>	
<b>Lost Earnings and Benefits</b>	
Loss of Earnings including Benefits and Pension	\$0.00
Mitigating or Residual Earnings	\$0.00
<b>Total Lost Earnings and Benefits</b>	<b>\$0.00</b>
<b>Offsets Applicable to Lost Earnings and Benefits</b>	
Disability Pension	\$0.00
Social Security Disability Benefits	\$0.00
Workers Compensation Disability Benefits	\$0.00
Disability Insurance	\$0.00
Other Offsets related to Earnings	\$0.00
<b>Total Offsets Applicable to Lost Earnings</b>	<b>\$0.00</b>
<b>Total Lost Earnings and Benefits Awarded</b>	<b>\$0.00</b>
<b>Other Economic Losses</b>	
Medical Expense Loss	\$0.00
Replacement Services	\$0.00
<b>Total Other Economic Losses</b>	<b>\$0.00</b>
<b>Total Economic Loss</b>	<b>\$0.00</b>
<b>Total Non-Economic Loss</b>	
<b>Subtotal Award for Personal Injury Claim</b>	



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<b>DECEASED CLAIM (Losses from Date of Death)</b>	
<b>Loss of Earnings including Benefits and Pension</b>	\$0.00
<b>Offsets Applicable to Lost Earnings and Benefits</b>	
Survivor Pension	\$0.00
SSA Survivor Benefits	\$0.00
Worker's Compensation Death Benefits	\$0.00
Other Offsets related to Earnings	\$0.00
<b>Total Offsets Applicable to Loss of Earnings and Benefits</b>	\$0.00
<b>Total Lost Earnings and Benefits Awarded</b>	\$0.00
<b>Other Economic Losses</b>	
Replacement Services	\$0.00
Burial Costs	
<b>Total Other Economic Losses</b>	
<b>Total Economic Loss</b>	
<b>Non-Economic Loss</b>	
Non-Economic Loss - Decedent	
Non-Economic Loss - Spouse/Dependent(s)	
<b>Total Non-Economic Loss</b>	
<b>Additional Offsets</b>	
Social Security Death Benefits	
Life Insurance	
Other Offsets	\$0.00
<b>Total Additional Offsets</b>	
<b>Subtotal Award for Deceased Claim</b>	



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<b>Subtotal of Personal Injury and Deceased Claims</b>	
PSOB Offset	\$0.00
Prior Lawsuit Settlement Offset	\$0.00
<b>TOTAL AWARD</b>	
<b>Factors Underlying Economic Loss Calculation</b>	
Annual Earnings Basis (without benefits)	
Percentage of Disability attributed to Eligible Conditions - applicable to Personal Injury losses	
Start Date of Loss of Earnings Due to Disability - applicable to Personal Injury losses	

<b>Eligible Conditions Considered in Award</b>	
Esophageal Reflux	
Myelodysplastic Syndrome Unspecified	

# Family Member Affidavits

Martha Gless

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

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In Re:

TERRORIST ATTACKS ON  
SEPTEMBER 11, 2001

03-MDL-1570 (GBD)(SN)

----- X  
RAYMOND ALEXANDER, et al.,

**AFFIDAVIT OF  
MARTHA GLESS**

Plaintiffs,

21-CV-03505 (GBD)(SN)

V.

ISLAMIC REPUBLIC OF IRAN,

Defendant.

----- X

STATE OF NEW YORK )  
: SS  
COUNTY OF NASSAU )

MARTHA GLESS, being duly sworn, deposes and says:

1. I am a plaintiff in the within action, am over 18 years of age, and reside at  
[REDACTED]

2. I am currently 73 years old, having been born on [REDACTED]

3. I am the wife of Decedent, Robert Gless, upon whose death my claims are based. I submit this Affidavit in support of the present motion for default money judgment for the claim made on behalf of my husband's estate and for my solatium claim. On November 23, 2016, I was issued Letters Testamentary as Executrix of my husband's estate by the Nassau County Surrogate's Court.

4. My husband passed away from myelodysplastic syndrome on October 25, 2016, at the age of 67. It was medically determined that this illness was causally connected to her exposure to the toxins resulting from the September 11, 2001, terrorist attacks at the World Trade Center.

5. My husband and I had a wonderful life going camping, riding motorcycles. When 9/11 happened however, everything changed. You could just see the change in him, this happy-go-lucky man changed before my eyes.

6. On the day of 9/11, my husband had called me after the first plane had hit the building. He told me not to worry, that he is unsure when he will be home but he will keep me updated.

7. Bobby's quality of life took a drop after he was diagnosed with his illness. He went from the happy-go-lucky man we all knew him as, to just sitting on the couch at home and watching television. As his disease progressed, it became increasingly more difficult for him to go down to the volunteer firefighter house.

8. When my husband passed away, my whole world came to a stop. Every day I think of him and cry, but only if I allow myself to cry. We never had children so it makes it harder on me that he is not here with me anymore.



MARTHA GLESS

Sworn before me this

5<sup>th</sup> day of August 2023  
Roshika T Murphy  
Notary public

Roshika T Murphy  
Notary Public, State of New York  
No. 01MU6421568  
Qualified in Nassau County  
Commission Expires 09/07/2025